

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF PENNSYLVANIA

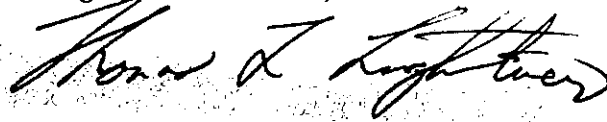
IN RE: John G. Kondoleon : Chapter 13
Georgia Kodoleon :
:
Debtors : Case No. 11-22501-ref

STATEMENT OF DEBTOR'S DEATH

TO THE COURT, CHAPTER 13 TRUSTEE, ALL CREDITORS & ALL PARTIES IN INTEREST:

Please take notice that the Debtor, Georgia Kodoleon, died on April 27, 2017. Attached hereto as Exhibit "A" and made a part hereof is a copy of the decedent's death certificate.

Lightner Law Offices, P.C.



Dated: May 5, 2017

Thomas L. Lightner, Esquire
4652 Hamilton Blvd.
Allentown, PA 18103-6021
610-530-9300 – Phone
610-530-9310 - Fax

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$6.00



This is to certify that the information here given is correctly copied from an original Certificate of Death: duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 23821629

Certification Number

David S. Shoemaker

Local Registrar

Date Issued

Type/Print in
Permanent
Black Ink

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

State File Number:

1. Decedent's Legal Name (First, Middle, Last, Suffix) Georgia Kondoleon				2. Sex Female		3. Social Security Number [REDACTED]-5089		4. Date of Death (Mo/Day/Yr) (Spell Mo) April 27, 2017	
5a. Age-Last Birthday (Yrs) 45		5b. Under 1 Year Months Days		5c. Under 1 Day Hours Minutes		6. Date of Birth (Mo/Day/Year) (Spell Month) April 19, 1972		7a. Birthplace (City and State or Foreign Country) Kambla, Chios, Greece	
8a. Residence (State or Foreign Country) PA		8b. Residence (Street and Number - Include Apt No.) 5121 Cassidy Drive				8c. Did Decedent Live in a Township? <input checked="" type="checkbox"/> No, decedent lived within limits of Schnecksville twp.		7b. Birthplace (County) Kambla	
9. Ever in US Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. Marital Status at Time of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		11. Surviving Spouse's Name (if wife, give name prior to first marriage) John G. Kondoleon		12. Father/Parent's Name (First, Middle, Last, Suffix) Kostas Sideris			
13a. Informant's Name John G. Kondoleon		13b. Relationship to Decedent Husband		13c. Informant's Mailing Address (Street and Number, City, State, Zip Code) 5121 Cassidy Drive Schnecksville PA 18078		13d. Mother/Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) Maria Koutsouris			
14. Death Occurred in a Hospital? <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		15. Facility Name (if not institution, give street and number) Lehigh Valley Hospital - Cedar Crest		16a. Date of Disposition April 29, 2017		16b. Place of Disposition (Name of cemetery, crematory, or other place) Cedar Hill Memorial Park		15d. County of Death Lehigh	
16a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		16b. Date of Disposition April 29, 2017		16c. Place of Disposition (Name of cemetery, crematory, or other place) Cedar Hill Memorial Park		17a. Signature of Funeral Service Licensee or Person in Charge of Interment [Signature]			
16d. Location of Disposition (City or Town, State, and Zip) Allentown, PA 18109		17a. Signature of Funeral Service Licensee or Person in Charge of Interment [Signature]		17b. License Number FD-012832-L		17c. Name and Complete Address of Funeral Facility Self-Herron Funeral Home 1145 Lehigh Street, Allentown, PA 18103			
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input checked="" type="checkbox"/> No diploma, 9th - 12th grade <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSw, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)		19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify)		21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify)			
22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. Manager		22b. Kind of Business/Industry Parkland Restaurant		23a. Date Pronounced Dead (Mo/Day/Yr) 8:40 AM		23b. Signature of Person Pronouncing Death (Only when applicable)		23c. License Number	
23d. Date Signed (Mo/Day/Yr)		24. Time of Death 8:40 AM		25. Was Medical Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. Part I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			
26. Part I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.		26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		27. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Approximate Interval: Onset to Death 5 years	
29. If Female: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		32. Date of Injury (Mo/Day/Yr) (Spell Month)			
34. Place of Injury (e.g. home; construction site; farm; school)		35. Location of Injury (Street and Number, City, County, State, Zip Code)		36. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		38. Describe How Injury Occurred:	
39a. Certifier - physician, certified nurse practitioner, medical examiner/coroner (Check only one): <input checked="" type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) Sarah Nicklin, MD 2024 Lehigh St. Suite 100, Allentown, PA 18103		39c. Date Signed (Mo/Day/Yr) April 27, 2017		40. Registrar's District Number 39-360			
41. Registrar's Signature [Signature]		42. Registrar File Date (Mo/Day/Yr) APR 28, 2017		43. Amendments		44. State Use Only			